21 HIV

Goal

Prevent HIV transmission and associated morbidity and mortality by (1) ensuring that all persons at risk for HIV infection know their serostatus, (2) ensuring that those persons not infected with HIV remain uninfected, (3) ensuring that those persons infected with HIV do not transmit HIV to others, and (4) ensuring that those infected with HIV are accessing the most effective therapies possible.

Overview

At the start of the 21st century, HIV and AIDS continue to impact the health of Kentuckians. Since the first AIDS case was reported in 1982, there have been 4,119 Kentuckians reported with AIDS of whom 2,245 are still living. Males continue to represent a sizable majority (85 percent) of cumulative AIDS cases reported. Whites comprise the majority of cumulative AIDS cases at 67 percent. However, African Americans are affected far more disproportionately. In 2002, African Americans comprised 7 percent of Kentucky's total population yet 33 percent of AIDS cases diagnosed. This discrepancy has increased in recent years. Among all AIDS cases diagnosed in 2002, the majority of AIDS cases are reported in those ages 25-44. Kentucky has had very few AIDS cases reported resulting from perinatal transmission. Men who have sex with men (MSM) comprise the majority of Kentucky's AIDS cases. In 2002, the majority of all AIDS cases resided in two of Kentucky's largest districts at the time of diagnosis: the KIPDA District (46 percent), including the city of Louisville, and the Bluegrass District (19 percent), which includes the city of Lexington. Although the majority of AIDS cases reside in urban areas, AIDS is widely dispersed throughout the state. Cases have resided in 118 of 120 Kentucky counties at time of diagnosis.

HIV/AIDS continues to be a serious public health problem in Kentucky even though AIDS incidence and deaths have declined in Kentucky and throughout the nation. Prevention efforts targeting those at high risk for HIV infection must continue. These initiatives must be culturally sensitive and incorporate differences in economic status. Emphasis on early HIV testing is an important component of HIV prevention efforts. HIV testing counselors educate HIV positive clients about ways to prevent infecting others and educate HIV negative clients about ways to avoid infection in the future. One developmental *Healthy Kentuckians 2010* objective sets the goal to lengthen the time from HIV diagnosis to AIDS infection. Early HIV diagnosis and treatment are directly related to this goal. As more people are living with HIV and AIDS, we must continue to improve medical, financial, and other support services in order to extend quality years of life.

Summary of Progress

There are several objectives that have shown progress toward meeting the 2010 targets and one objective that has exceeded its target. Objective 21.1.a., which relates to confining the annual incidence of AIDS cases among adults and adolescents to 5.4 per 100,000 population, was met and exceeded; the annual incidence of AIDS cases was lower than the target at 5.0 per 100,000 population. Progress is being made on Objective 21.1.b., which states the annual number of AIDS cases diagnosed among adults and adolescents should be confined to no more than 184 cases. The mid-decade status shows a considerable drop in the AIDS cases reported annually, although the 2010 target has not yet been met. Objective 21.5 - to increase the percent of sexually active, unmarried high school-aged youth who used a latex condom at last sexual intercourse - has also shown progress. The mid-decade status shows a 4 percentage point increase from the 1997 baseline. Progress has also been demonstrated for Objective 21.9, to increase to 100 percent the number of school children who receive classroom education on HIV and STDs. The mid-decade status for this objective shows a 2 percent incremental increase from 88 percent in 1997 to 90 percent in 2003.

The progress on objectives pertaining to HIV incidence still remains undetermined due to a change in HIV reporting criteria. On July 13, 2004, Kentucky adopted a "Confidential Name Based" reporting system. Previously, HIV cases were reported using a unique identifier system containing the case's initials. The Centers for Disease Control and Prevention (CDC) would not accept Kentucky's data as part of the national total because of this unique identifier system. By using the "Confidential Named Based" reporting system, Kentucky will now be included in national totals and will be able to more accurately determine the incidence of HIV in the state. Until a formal evaluation of this new system is conducted; however, no data on HIV will be released.

The HIV/AIDS Branch is dedicated to establishing goals and objectives to prevent and/or reduce HIV infection throughout Kentucky. Health providers are educated and encouraged to report HIV/AIDS cases to the Branch in an efficient and timely manner, in order to help facilitate HIV prevention and care services. HIV Prevention Specialists throughout Kentucky are reaching out to Kentucky's communities by providing HIV education and awareness to high risk groups. HIV care services are also offered for those persons living with HIV/AIDS through the Care Coordinator Program in centers throughout Kentucky along with HIV drug assistance programs and insurance assistance.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for HIV	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
21.1.a. Confine the annual incidence of diagnosed AIDS cases among adolescents and adults to no more than 5.4 per 100,000 population.	7.1/ 100,000 (1998)	≤5.4/ 100,000	5.0/ 100,000 (2003)	Target Achieved	HIVAIDS Surveillance System
21.1.b. Confine the annual number of diagnosed AIDS cases among adolescents and adults to no more than 184 cases.	231 (1998)	≤184	206 (2003)	Yes	HIVAIDS Surveillance System
21.2. (Developmental) Reduce the annual incidence of diagnosed HIV infection in adolescents and adults.	TBD	TBD	TBD	TBD	HIVAIDS Surveillance System
21.3. Reduce the annual incidence of perinatally acquired HIV infection to zero cases.	TBD	0	TBD	TBD	HIVAIDS Surveillance System
21.4. (Developmental) Increase proportion of sexually active unmarried people age 18 and older who reported that a latex condom was used at last sexual intercourse.	TBD	TBD	TBD	TBD	BRFSS
21.5. Increase to at least 68 percent the number of sexually active, unmarried high school-aged youth who used a latex condom at last sexual intercourse.	59% (1997)	≥68%	63% (2003)	Yes	YRBSS
21.6R. Increase the proportion of clients who are screened for common bacterial STDs (chlamydia, gonorrhea, and syphilis) and immunized against Hepatitis B in confidential federally funded HIV counseling and testing sites.	TBD	TBD	TBD	TBD	HIV Counseling and Testing; STD Surveillance
21.7. (Developmental) Increase the proportion of persons entering treatment for injecting drug use who are also offered HIV counseling and voluntary testing.	TBD	TBD	TBD	TBD	Dept. of Mental Health and Mental Retardation
21.8R. Increase to 20 percent the proportion of 25 to 44 year olds with reported tuberculosis who also have knowledge of their HIV serostatus.	12.5% (2000)	≥20%	12.5% (2004)	No	TIMS
21.9. Increase to 100 percent the proportion of school children who receive classroom education on HIV and STDs.	88% (1997)	100%	90% (2003)	Yes	YRBSS

R = Revised objective
TBD = To be determined No reliable data currently exist.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for HIV	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
21.10. (Developmental) Increase the percentage of HIV-infected adolescents and adults in care who receive treatment consistent with current Public Health Service treatment guidelines.	TBD	TBD	TBD	TBD	HIVAIDS Surveillance System Unmet Needs Database
21.11. Reduce mortality due to HIV infection (AIDS) to no more than 1.0 per 100,000 population, and then by ethnicity and gender.	2.0/ 100,000 (1998)	≤1.0	2.3/ 100,000 (2002)	No	HIVAIDS Surveillance System
21.12. (Developmental) Increase years of healthy life of all individuals with HIV by extending the interval between an initial diagnosis of HIV infection and AIDS diagnosis, and between AIDS diagnosis and death.	TBD	TBD	TBD	TBD	HIVAIDS Surveillance System
21.13R. Increase to 15 percent the proportion of individuals who engage in injecting drug use who are enrolled in drug abuse treatment programs.	9.6% (2000)	≥15%	11.6% (2004)	Yes	Dept. of Mental Health and Mental Retardation

R = Revised objective
TBD = To be determined No reliable data currently exist.